## Los Angeles County Department of Public Health Guidance for On-Site School Health Assessments

School health assessments are more important than ever to help identify health issues earlier and to improve the health of all children in California's schools. Despite current school closures and the ongoing impact of COVID-19, school-based health assessments that are required for admission to school continue to be in effect for the 2020–21 school year. This document offers guidance on how to provide on-site assessments in a manner which will help to keep staff and children healthy and prevent the spread of infection. For more detail on required school-based health assessments, comprehensive sexual health education, comprehensive school safety plans and mandated reporting training, for the 2020–21 school year see the California Department of Education webpage on School Health and Safety Guidance.

#### **General Information about COVID-19**

#### **Symptoms of COVID-19**

People with COVID-19 have had a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may include:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue
- Chills
- Congestion or Runny Nose

- Muscle or body aches
- Headache
- Sore throat
- Nausea or Vomiting
- Diarrhea
- New loss of taste or smell

#### **How COVID-19 spreads**

The virus is spread mainly by close contact from person to person. A "close contact" is any of the following people who were exposed to an "\*infected person" while they were infectious:

- An individual who was within 6 feet of the infected person for more than 15 minutes
- An individual who had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils/saliva, or providing care for the infected person without wearing appropriate protective equipment.
  - \* An infected person for purposes of this guidance is anyone who has confirmed COVID-19 or who is suspected to have COVID-19 based on symptoms. These individuals are considered to be infectious from 2 days before their symptoms first appeared until they are no longer required to be isolated (as described in <a href="Home Isolation Instructions for People with COVID-19">Home Isolation Instructions for People with COVID-19</a>). A person with a positive COVID-19 test but no symptoms (asymptomatic) is considered to be infectious from 2 days before their test until 10 days after their test.



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#### **School Based Health Assessments**

#### **Oral Health Assessments**

Information related to oral health assessments must continue to be provided to parents and legal guardians as required in California Education Code (EC) Section 49452.8. This section requires public school students enrolled in kindergarten (or first grade if not previously enrolled in kindergarten) to receive an oral health assessment no later than May 31, unless the parent/guardian indicates the reason such an assessment cannot be completed.

Any provider offering onsite oral health assessments should comply with recommendations provided to dentists by the LA County Dept of Public Health http://ph.lacounty.gov/acd/ncorona2019/dentists.htm.

#### Vision Testing

In accordance with EC sections 49452 and 49455, schools must continue to provide vision testing and refer students, as needed. The publication, A Guide for Vision Testing in California Public Schools (PDF) provides district and school health personnel with guidelines for a school vision testing program as related to EC Section 49455.

#### **Hearing Testing**

Schools must continue to provide hearing testing and refer students as needed as required by EC Section 49452. The School Audiometrist Manual (PDF) from the California Department of Health Care Services (DHCS) provides information concerning the school hearing conservation program as related to EC Section 49452. The manual is intended for persons who have had formal training in audiometry and is not intended as a substitute for such training.

If onsite health assessments are conducted at the school, the following guidelines should be adhered to:

#### 1. Ensure physical distancing and infection control measures are in place:

- Everyone is required to wear a face covering at all times when around other people. Children under the age of 2 and those with medical conditions that make it unsafe to wear a face covering are exempt from this requirement; where possible, a face shield with a drape cloth that goes below the chin should be used by people unable to wear a face covering.
- Limit the number of staff and students that are onsite in order to ensure at least 6 feet of physical distance between individuals that are not from the same household.
  - o Offer scheduled appointment times that are spaced out with enough time to allow for proper cleaning of equipment between assessments. Appointment reminders should include information about physical distancing and infection control practices that are in place.
  - o Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways).



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 Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practical.

#### 2. Screen Staff, Students and Visitors:

Screening for COVID-19 helps to avert introduction of the virus into settings where there is a high risk of contagion. Screening is simple. It entails 1) asking about cough, difficulty breathing or other respiratory symptoms, and 2) a temperature check — using a no-touch thermometer or, if that is not feasible, a verbal check on whether the person feels feverish.

- Staff, children, parents/caregivers, and visitors should be reminded regularly that they should do their own at-home symptom checks and stay home if they are ill, even with mild symptoms.
  - Instruct parents to screen their children and themselves before leaving home. Anyone with symptoms consistent with COVID-19, including the child, with no alternative diagnosis should remain at home in isolation for a minimum of 10 days plus at least 24 hours after the resolution of fever (without fever-reducing medication) and improvement in other symptoms.
  - If the child or parent has had recent close contact to an individual who tested positive or who had symptoms of COVID-19 should remain in quarantine for 14 days since their last contact with the case.
  - Instruct parents to call the school to reschedule the health assessment to a date after their isolation or quarantine period is completed.
- Health screenings for all staff and children should be done on arrival.
  - Ensure that plans to conduct health screenings address the needs of children who are challenged by physical touch and/or significant changes in their daily routine.
- If a staff member or child shows symptoms of COVID-19, they may not remain at the site.

#### 3. Promote good hygiene to limit the spread of COVID-19

- All staff should wear <u>cloth face coverings</u> at all times while at work except when eating or alone in a private office or an enclosed cubicle that exceeds the height of the staff member.
- Employees who have been instructed by their medical provider that they should not wear a
  face covering should wear a face shield with a drape on the bottom edge, to be in
  compliance with State directives, as long as their condition permits it. A drape that is form
  fitting under the chin is preferred.
- The site must provide face coverings for all staff who have any contact with other employees, with children and/or with visitors to the site.
- o Instruct staff to wash or replace face coverings daily.
- Use signage to remind staff, visitors and children to wash hands frequently. Use signs in all bathrooms to instruct on proper handwashing technique.
  - Use age appropriate signs to remind children to wash hands (for example, see https://www.cdc.gov/handwashing/buttons.html).



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- Signs should instruct adults to use best practice in hand washing (see for example http://www.ph.lacounty.gov/media/Coronavirus/docs/protection/GuidanceHandwashing-English.pdf.
- Provide supplies needed for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer. Make it easy for any adult entering the site or any room in the site to sanitize their hands-on entry.
  - Note, however, that the CDC warns against unsupervised use of hand sanitizer by young children without adult supervision due to risk of alcohol ingestion (see https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html).

#### 4. Cleaning and disinfecting at your site

- Cleaning and disinfecting are 2 separate steps in the clean-up process.
  - Cleaning is aimed at removing germs (including viruses), dirt and impurities from surfaces. Cleaning doesn't kill germs, but it reduces risk of infection by reducing the number of germs on the surface.
  - o Disinfecting, on the other hand, doesn't necessarily make the surface look clean, but it does reduce risk of infection by killing germs on the surface. The stronger the disinfectant and the longer it stays on the surface the more germs it will kill.
- For cleaning:
  - Warm water and soap are effective for cleaning. They remove germs, dirt, and impurities from surfaces.
  - If you don't have soap, use another detergent with water.
- For disinfecting:
  - o Use a commercial EPA-registered disinfectant if one is available. An alternative is a bleach solution: 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.
  - o To reduce risk of asthma among children and staff, try to use disinfectant products on the EPA's N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) and as opposed to products that include peroxyaetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds.
  - Disinfecting sprays and household bleach solutions should be left to sit and coat surfaces to be disinfected according to label instructions.
- Safe cleaning and disinfecting
  - Ideally, full-scale cleaning and disinfecting are done after hours, when children are not present, giving the site adequate time to air out before children are back.
  - Spot cleaning and disinfecting of frequently touched or soiled areas should be carried out regularly throughout the day, even when children are present. Surfaces of concern may include sink knobs, toilet handles, tables, and door handles as well as instruments used in assessment such as audiometer machines, earphones, eye covering tools (These assessment tools should be cleaned as per manufacture guidance).



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- Check the labels on products. Never mix bleach or any product containing bleach with any product containing ammonia, as the gas produced is extremely harmful.
- o Cleaning and disinfecting products should be stored out of reach of children.
- o If at all possible, cleaning and disinfecting should be done with windows and/or doors open, allowing chemicals to dissipate, or when children are outside or otherwise away.
- Make sure anyone using cleaning products is adequately protected with PPE, including gloves and/or eye protection, as required by the product instructions.

#### 5. Action steps when a staff person is diagnosed with COVID-19

- Staff must stay home when they are sick with symptoms of respiratory illness such as fever and cough.
  - Remind staff that they must remain at home in isolation and not return to the facility for a minimum of 10 days after onset of symptoms AND until their symptoms have improved AND they are free of fever for at least 24 hours without fever-reducing medication.
  - If the staff person is symptomatic but has not been tested for COVID-19, instruct them to seek testing from their own provider, from a free, public test site or from another site of their choosing and to inform the center about the outcome of the test.
- All staff and any children who had close contact with the infected person, should be sent home to self-quarantine. The quarantine must be for 14 days following contact with the infected person. If no symptoms arise during the 14 days, the quarantined person may return to work. A negative test during the quarantine period does not shorten the quarantine period; the quarantine period is always for 14 days from date of last exposure.
  - If the infected staff person was at work when symptoms emerged and/or within 2 days before becoming symptomatic, follow directions below for contacting the Department of Public Health to assure appropriate steps.
- A health care provider's note is NOT required for employees (or children) who have been sick with acute respiratory illness to stay at home or to return when they have recovered.

#### 6. Action steps when there has been exposure at the center

- When someone at your site (child, staff person or visitor) has COVID-19 (confirmed by lab test or suspected based on symptoms), contact the Department of Public Health Acute Communicable Disease Program for guidance on steps you can take to minimize risk for other children and staff. The program can be reached at (213)-240-7941 during daytime hours or (213) 974-1234 during evening hours.
- Identify adults or children who may have had close contact with the ill individual/s for more than 15 minutes or those who may have had unprotected direct contact with body fluids or secretions of the ill individual starting from 2 days before symptoms appeared. Body fluids or secretions include saliva, sputum, nasal mucus, vomit, urine or diarrhea. These people should home-quarantine for 14 days from the date of the contact.
  - Anyone who has had close contact with an infected person must be sent home to selfquarantine.



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 If any staff or children develop symptoms while in quarantine, they should follow the guidelines for self-isolation (10 days after symptoms started AND 24 hours after fevers have resolved and symptoms improved.)

Further information that may be of interest can be found on the Los Angeles County Department of Public Health website <a href="http://publichealth.lacounty.gov/media/Coronavirus/">http://publichealth.lacounty.gov/media/Coronavirus/</a>.

#### **Useful resources**

- Los Angeles County Department of Public Health (LACDPH, County) <a href="http://publichealth.lacounty.gov/media/Coronavirus/">http://publichealth.lacounty.gov/media/Coronavirus/</a>
   Social media: @lapublichealth
- o Los Angeles County Department of Mental Health Access Center 24/7 Helpline (800) 854-7771
- California Department of Social Services, Community Care Licensing Division https://www.cdss.ca.gov/inforesources/community-care-licensing
- California Department of Public Health (CDPH, State)
   <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx</a>
- Centers for Disease Control and Prevention (CDC, National)
   <a href="http://www.cdc.gov/coronavirus/novel-coronavirus-2019.html">http://www.cdc.gov/coronavirus/novel-coronavirus-2019.html</a>
- World Health Organization (WHO, International) https://www.who.int/health-topics/coronavirus

If you have questions and would like to speak to someone, or need help finding medical care, call the Los Angeles County Information line 2-1-1, which is available 24/7.

